



**SEVEN LAKES HIGH SCHOOL BAND BOOSTERS, INC.  
CHECK REQUEST/EXPENSE REIMBURSEMENT**

Request Date \_\_\_\_\_

**DISBURSE FUNDS TO**

(Name to appear on check)

Address \_\_\_\_\_

City, ST ZIP \_\_\_\_\_

Return to requestor   
  Mail to address above

The Band Boosters retain the right not to reimburse you for expenses without a receipt.

DATE	PLACE OF PURCHASE/DESCRIPTION	BUDGET CATEGORY	AMOUNT

Total\*\*      -

\*\* Two Board members are required to approve disbursements and sign checks. If a board member is the requesting party, he/she cannot act as the approver or check signer. Band President has signing authority over all Band expenses. Requests of \$2,000 (or more) and all initial independent contractor agreements require Band President approval.

Total Sales Tax included with this reimbursement

**IMPORTANT --- ATTACH ORIGINAL INVOICE OR RECEIPT**

Requestor Signature	Approval 1 Signature
Requestor - Print Name	Approval 2 Signature

**FOR ACCOUNTING ONLY:**

Date received \_\_\_\_\_      Check amt \_\_\_\_\_      Budget authorized \_\_\_\_\_  
 Date paid \_\_\_\_\_      Check no. \_\_\_\_\_      Date recorded \_\_\_\_\_

Notes